

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>Historic Senatobia High School</b>					
Address: <b>303 College Street</b>					
City: <b>Senatobia</b>	State: <b>Ms</b>	Zip: <b>38668</b>			
Site Location: <b>303 College Street</b>			Tel:		
Building Size: <b>23000 sq ft</b>	# of Floors: <b>1</b>	Age in Years: <b>85</b>			
Present Use: <b>Empty</b>	Prior Use: <b>School</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Senatobia Municipal School District</b>					
Address: <b>104 McKie Street</b>					
City: <b>Senatobia</b>	State: <b>Ms</b>	Zip: <b>38668</b>			
Contact: <b>Jay Foster</b>			Tel: <b>662-562-4897</b>		
REMOVAL CONTRACTOR <b>Speciality Contractors</b>					
Address: <b>8310 Wade Rd</b>					
City: <b>Warrior</b>	State: <b>Ala</b>	Zip: <b>35180</b>			
Contact: <b>John Totten</b>			Tel: <b>205-907-7351</b>		
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Y</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<b>Pickering, August 2, 2017</b> <span style="float: right; font-size: 2em;">PLM</span>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area		<b>Roofing</b>		Sq Ft: <b>5,400</b>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9-4-17</b> Complete: <b>7-29-17</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

**RECEIVED**  
**AUG 24 2017**  
 Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

RE ROOF

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

wet method

XII. WASTE TRANSPORTER #1

Name: Waste Management

Address: 6035 ~~Old~~ Bowdre Rd.

City: Robinsonville

State: MS.

Zip: 38664

Contact Person

Tel: 662-363-2282

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Tunica Landfill

Address: 6035 Bowdre Rd.

City: Robinsonville

State: MS.

Zip: 38664

Tel: 662-363-2282

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

seal off area, Neg air, Hepa Vacuum, wet method, amended water

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

JOHN TOTTEN

Type or Print Name

*John Totten*

(Signature of Owner/Operator)

8-22-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Totten

Type or Print Name

*John Totten*

(Signature of Owner/Operator)

8-22-17

(Date)